

THE INDIVIDUALIZED EDUCATION PROGRAM FOR:

(First)	(Middle)	(Last)
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STUDENT DEMOGRAPHIC INFORMATION (Optional):

Current Address:	Phone:
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Birth date: / / Age:	Student ID #:
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Present Grade Level:	Resident District Home School:
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If the child is **Not** receiving their special education and related services in their home school or resident district, indicate below where the services are being provided.

District/Agency Name: _____

School Name: _____

Address:

Phone: _____

Primary Language or Communication Mode(s): ☐English ☐Spanish ☐sign language ☐other (specify) _____

Educational Decision Maker is: ☐Parent ☐Legal Guardian ☐Educational Surrogate ☐Foster Parent ☐Child [aged 18+]
☐other

Name: _____

Address:

Phone:	Email:	Fax:
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IEP Case Manager:	Case Manager phone number:
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IEP Type	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<input type="checkbox"/> Interim	Date of most recent evaluation/reevaluation	/	/
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Projected date for next triennial evaluation	/ /
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<p align="center">IEP CONTENT (Required):</p>	
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Date of IEP Meeting: / /	Initiation Date of IEP: / /
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Projected Date of Annual IEP Review: / /	Parent(s)/Legal Guardian(s) provided copy of this IEP: / /
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PARTICIPANTS IN IEP MEETING AND ROLE(S)	
1	Parent
2	Teacher
3	Special Education Teacher
4	Principal
5	Special Education Coordinator
6	Speech Therapist
7	Occupational Therapist
8	Physical Therapist
9	Behavior Specialist
10	Psychologist
11	Other

The names and roles of individuals **in attendance** at the IEP meeting must be documented.

Name of Person	Role
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(Signatures are not required, however, if a signature is used it only indicates attendance, not agreement)	(If an individual is serving in more than one role, they must so indicate.)
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	Parent/Guardian
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	Parent/Guardian

	Student

	LEA Representative
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	Special Education Teacher

	Regular Classroom Teacher
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	Individual Interpreting Instructional Implications of Evaluation Results

Other Attendees:	
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1. Present Level Of Educational Performance (PLEP)

PLEP must include:

- How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities.
- The strengths of the child
- Concerns of the parent/guardian for enhancing the education of the child
- Changes in current functioning of the child since the initial or prior IEP
- A summary of the most recent evaluation/re-evaluation results
- A summary of the results of the child's performance on any general state and district-wide assessments

2. Special Considerations: Federal and State Requirements

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually.

Is the student blind or visually impaired?

- ☐ No
☐ Yes. If yes, complete Form A: Blind and Visually Impaired.

Is the student deaf or hearing impaired?

- ☐ No
☐ Yes. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

Does the student use an assistive hearing device? ☐ No ☐ Yes If, yes, acknowledge the next two items.

- ☐ Assistive hearing device monitoring will be done on a daily basis and during evaluation procedures.
☐ Evaluation of hearing aid/amplification system is completed annually. Date last completed: / / . (month/day/year)

Does the student exhibit behaviors that impede his/her learning or that of others?

- ☐ No
☐ Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP. If a behavior intervention plan is developed it must be a part of the IEP.

Does the student have limited English proficiency?

- ☐ No
☐ Yes. The student's language needs are addressed in this IEP.

Does the student have communication needs?

- ☐ No
☐ Yes. The student's communication needs are addressed in this IEP.

Does the student require Assistive Technology device(s) and/or services?

- ☐ No
☐ Yes. The student's assistive technology needs are addressed in this IEP.

Extended School Year:

- ☐ No. The student is not eligible for ESY services.
☐ Yes. The student is eligible for ESY services. Complete Form B, Part 2 for Extended School Year.
☐ The need for ESY services will be addressed at a later date. Will be addressed by / (month/year). At that time, complete Form B, Part 1, and Part 2 if appropriate.

Post-secondary Transition Services: (must be provided for students 14 and older and may be provided for students under 14 if appropriate)

- ☐ Transition services not required.
☐ Transition services required. Complete Form C.

Transfer of Rights: Notification must be given at least one year prior to the student's 18th birthday informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

- ☐ N/A for this student/IEP
☐ Notification was given: / / (month/day/year).

State Assessments

Are there state assessments administered for this student's age/grade level?

- ☐ No
☐ Yes. If yes, complete Form D.

District-wide Assessments

Are there district-wide assessments administered for this student's age/grade level?

- ☐ No
☐ Yes. If yes, complete Form D.

3a. IEP Goals with Benchmarks/Objectives

Use this form if NOT using goals pages for reporting progress on annual goals.

Annual Measurable Goal and Benchmarks/Objectives

Annual Goal # _____:

Progress toward the goal will be measured by: (check all that apply)

<input type="checkbox"/> Work Samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other

Benchmarks/Objectives:

Annual Measurable Goal and Benchmarks/Objectives

Annual Goal # _____:

Progress toward the goal will be measured by: (check all that apply)

<input type="checkbox"/> Work Samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other

Benchmarks/Objectives

3b. IEP Goals and Reporting Form*****Use this form if IEP goal pages will be used for reporting progress toward annual goals.*******Annual Measurable Goal and Benchmarks/Objectives**

Annual Goal #: _____

Progress toward the goal will be measured by: (check all that apply)

Goal met on ____/____/____

☐ Work samples☐ Curriculum based tests☐ Portfolios☐ Checklists☐ Scoring guides☐ Observation chart☐ Reading record☐ Other:**Extent of Progress Toward the Goal**

Reporting Period:	1	2	3	4	5	6	7	8
Date of Report	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Making sufficient progress – expect goal to be achieved								
Not making sufficient progress – do not anticipate meeting goal.								

If the student is not making sufficient progress, provide comments and describe action to be taken:

Benchmarks/Objectives:

3b. IEP Goals and Reporting Form*****Use this form if IEP goal pages will be used for reporting progress toward annual goals.*******Annual Measurable Goal and Benchmarks/Objectives**

Annual Goal #: _____

Progress toward the goal will be measured by: (check all that apply)

Goal met on ____/____/____

☐ Work samples☐ Curriculum based tests☐ Portfolios☐ Checklists☐ Scoring guides☐ Observation chart☐ Reading record☐ Other:**Extent of Progress Toward the Goal**

Reporting Period:	1	2	3	4	5	6	7	8
Date of Report	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Making sufficient progress – expect goal to be achieved								
Not making sufficient progress – do not anticipate meeting goal.								

If the student is not making sufficient progress, provide comments and describe action to be taken:

Benchmarks/Objectives:

4. Services Summary

	Amount	Frequency	Location	Begin Date*	End Date*
Special Education Services <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Related Services <hr/> <hr/> <hr/> <input type="checkbox"/> N/A	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Supplementary Aids/Services <hr/> <hr/> <hr/> <input type="checkbox"/> N/A	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Modifications and Accommodations <input type="checkbox"/> see alternate Form I <hr/> <hr/> <hr/> <input type="checkbox"/> N/A	<div style="background-color: #cccccc; height: 100px;"></div>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Supports for School Personnel <input type="checkbox"/> see alternate Form I <hr/> <hr/> <hr/> <input type="checkbox"/> N/A	<div style="background-color: #cccccc; height: 100px;"></div>	<div style="background-color: #cccccc; height: 100px;"></div>	<div style="background-color: #cccccc; height: 100px;"></div>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.

5. Transportation as a Related Service

- ☐ The student **does not** require transportation as a related service.
☐ The student requires transportation as a necessary related service.
 The student needs accommodations or modifications for transportation.
☐ No ☐ Yes
 If yes, check any transportation accommodations/modifications that are needed.
☐ Wheelchair lift
☐ Child safety restraint system. Specify: _____
☐ Door to door pick-up and drop-off
☐ Aide
☐ Other. Specify: _____

6. Reporting Progress

Method for Informing Parents of Progress Toward Annual Goals

Progress reports must be provided at least as often as progress reports to parents of non-disabled students

- | | | |
|--|---|--|
| <input type="checkbox"/> Report Card | <input type="checkbox"/> IEP Goal Pages (IEP Form 3b) | <input type="checkbox"/> Specialized Progress Report |
| <input type="checkbox"/> Parent Conference | <input type="checkbox"/> District Report Card | <input type="checkbox"/> Other _____ |

7. Regular Education Participation

Extent of Participation in Regular Education

For Preschool: Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities)?

☐ Yes.

☐ No. If no:

- a. To what extent will the child not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the IEP) _____
- b. To what extent will the child receive special education and related services in an Integrated ECSE (formerly reverse mainstream) classroom (minutes or % of special education and related services minutes on the IEP) _____
- c. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate.

For K-12: The regular education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this student participate 100% of the time with non-disabled peers in the regular education environment?

☐ Yes.

☐ No. If no, describe below to what extent the student will not participate **and** why full participation is not appropriate.

Participation in Physical Education

The student will participate in:

- ☐ Regular physical education
- ☐ Regular physical education with accommodations as addressed in this IEP
- ☐ Adapted physical education (includes special PE, adapted PE, movement education and motor development)
- ☐ No physical education activities are required for one of the following reasons:
- ☐ Credit already earned
 ☐ Credit waived
 ☐ Child is preschool age
 ☐ Other:

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

8. Placement Considerations and Decision

This section is a SUMMARY for all goals, objectives/benchmarks, characteristics of services, adaptations, and special education and related services information.

Annual Consideration of Placement

For ECSE: At least annually the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

For K-12: At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Outside regular class less than 21% of time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

Placement Continuum (K-12)

	Considered	Selected	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Outside regular class less than 21% of time
2.	<input type="checkbox"/>	<input type="checkbox"/>	Outside regular class 21-60% of time
3.	<input type="checkbox"/>	<input type="checkbox"/>	Outside regular class more than 60% of time
4.	<input type="checkbox"/>	<input type="checkbox"/>	Public separate school (day) facility
5.	<input type="checkbox"/>	<input type="checkbox"/>	Private separate school (day) facility
6.	<input type="checkbox"/>	<input type="checkbox"/>	Public residential facility
7.	<input type="checkbox"/>	<input type="checkbox"/>	Private residential facility
8.	<input type="checkbox"/>	<input type="checkbox"/>	Homebound/hospital

Placement Options (ECSE)

	Considered	Selected	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood setting
2.	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood special education
3.	<input type="checkbox"/>	<input type="checkbox"/>	Home
4.	<input type="checkbox"/>	<input type="checkbox"/>	Part-time early childhood/Part-time early childhood special education
6.	<input type="checkbox"/>	<input type="checkbox"/>	Residential facility
7.	<input type="checkbox"/>	<input type="checkbox"/>	Separate school
8.	<input type="checkbox"/>	<input type="checkbox"/>	Itinerant service outside the home

For K-12 students: Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if nondisabled?

☐ Yes.

☐ No. If **NO**, explain why another school/setting is required:

Student Name:

Date of IEP:

FORM A: Blind and Visually Impaired

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

☐ **No.** The student does not need Braille/Braille instruction. If no, complete the following.

The IEP team made the determination that Braille instruction is not appropriate for this child based upon the following factors:

☐ **Yes,** the student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives, which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Methods by which Braille will be integrated into normal classroom activities:

Date on which Braille instruction will begin: / / and duration of each session _____.

Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP:

☐ A referral to Rehabilitation Services for the blind has been discussed with the parent.

The parent: ☐ agreed to ☐ refused the referral.

Form B: Extended School Year

Part 1. ESY Considerations:

The IEP team met on ____ / ____ / ____ to consider the student's eligibility for ESY services. (It is suggested that eligibility for ESY services be considered at least one month prior to summer break.)

Meeting Attendees:

Name of Person	Role
	Parent/Guardian
	Parent/Guardian
	Student
	LEA Representative
	Special Education Teacher
	Regular Classroom Teacher
	Individual Interpreting Instructional Implications of Evaluation Results
Other Attendees:	

Decision:

- ☐ The student is not eligible for ESY services.
☐ The student is eligible for ESY services. (Complete part 2 below).

Part 2. Description of Services to be provided during Extended School Year

Goal #	Description of Services	Amount	Frequency	Location	Begin Date	End Date

Student Name:

Date of IEP:

Form C: Transition Services Plan

This plan was developed considering the individual's needs, preferences and interests.

Part 1 of this form must be updated annually for students 14 and older, or younger, if appropriate. Part 1 & 2 must be updated annually for students beginning at age 16, and younger, if appropriate.

Part 1. Postsecondary goals and experiences to reach those goals.

The anticipated post secondary goal(s) for this student is: (check and complete those that apply)

- ☐ Postsecondary Training and/or Education: _____
☐ Employment: _____
☐ Living Arrangements: _____
☐ Community Participation including Recreation & Leisure: _____
☐ Other (describe): _____

Indicate the proposed courses related to the desired post secondary goal(s). The student's 4 or 6 year plan may be substituted and attached to the IEP in lieu of completing the following chart.

School Year	Grade Level	List Proposed Courses Related to Post Secondary Goal(s).

Student will graduate by: ☐ earning required credits ☐ meeting IEP goals and objectives.

Anticipated month and year of graduation: ____/____

Specify any other instructional and/or educational experiences that will be provided to the student in meeting his/her identified post-secondary goals or career choice:

Part 2. Needed Transition Services. All six areas must be considered. Identified areas of need must be addressed by an activity(s) OR goal(s) and objective(s)/benchmark(s) except where indicated.

AREA	NEEDS	ACTIVITIES OR STRATEGIES	AGENCY RESPONSIBILITIES OR NEEDED LINKAGES
Instruction <input type="checkbox"/> N/A	<input type="checkbox"/> Academic (must have goal) <input type="checkbox"/> Advocacy/Legal Services <input type="checkbox"/> Medical <input type="checkbox"/> Transportation <input type="checkbox"/> Personal Management <input type="checkbox"/> Insurance <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> N/A Goals written	<input type="checkbox"/> N/A
Community Experiences <input type="checkbox"/> N/A	<input type="checkbox"/> Community participation <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> Socialization/Friends <input type="checkbox"/> Self Advocacy <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> N/A Goals written	<input type="checkbox"/> N/A
Development of Employment and Other Post-Secondary Adult Living Objectives <input type="checkbox"/> N/A	<input type="checkbox"/> Career Planning Options <input type="checkbox"/> Employment Options <input type="checkbox"/> Vocational Training <input type="checkbox"/> Financial Assistance/Income Support <input type="checkbox"/> Continuing and Adult Education <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> N/A Goals written	<input type="checkbox"/> N/A
Acquisition of Daily Living Skills <input type="checkbox"/> N/A	<input type="checkbox"/> Personal Management <input type="checkbox"/> Health <input type="checkbox"/> N/A	<input type="checkbox"/> N/A Goals written	<input type="checkbox"/> N/A
Functional Vocational Evaluation <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A Goals written	<input type="checkbox"/> N/A
Related Services <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A Goals written	<input type="checkbox"/> N/A

Form D: State and District-Wide Assessments

☐ The student will participate in the following Missouri Assessment Program assessments:

	Math	Science	Comm. Arts	Social Studies	Fine Arts	Health/PE	MAP-A
Elementary	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 9 yr. old
Middle School	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 8			<input type="checkbox"/> 13 yr. old
High School	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 11		<input type="checkbox"/> 9	<input type="checkbox"/> 17 yr. old

☐ Accommodations are not needed for the student to participate.

☐ Accommodations are needed for some or all state assessments. Complete Form E

OR

☐ The student has been determined eligible for the MAP-A

If the student has been determined eligible for the MAP-A, explain why the student cannot participate in regular MAP assessment(s):

NOTE: It is presumed that if it is appropriate for a student to take a MAP subject area assessment, that he/she is not eligible for the MAP-A and will be taking **all** MAP subject area assessments. Similarly, it is presumed that if a student is eligible for the MAP-A that he/she will not be taking any of the MAP subject area assessments.

District Assessments: The district conducts the following assessments for this student's grade level:

Assessment	Yes, Will Participate	No, Will Not Participate
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

☐ Accommodations are not needed for the student to participate.

☐ Accommodations are needed for some or all district assessments. Complete Form E

If any district-wide assessment or part of an assessment is determined to be not appropriate for the student, explain why the assessment is not appropriate and how the student will be assessed.

Form E: State and District Assessment Accommodations

NOTE: For General Education Accommodations and Modifications use Form I.

Accommodations Check accommodations applicable to this student.	Math	Science	Social Studies	Comm. Arts	Health/ PE	Fine Arts	State Assessments	District Assessments
Administration Accommodations								
01 Braille edition of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Large-print edition of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Use of magnifying equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Oral reading of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Signing of assessment (directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Paraphrasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 With student using amplifications equipment (e.g., hearing aid or auditory trainer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Use of assistive device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Using visual aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 *Other; Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing Accommodations								
20 Extend time allotted to complete Session 3 (Terra Nova)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Administer test using more than three testing periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 *Other; Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response Accommodations								
30 Use of typewriter for responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Use of computer/word processor for responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Pointing to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Giving response orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Giving response in sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Dictation to a scribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Student taped response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Use of a brailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Use of communication device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Abacus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Arithmetic tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Graph paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 *Other: Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting Accommodations								
50 Testing individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 Testing with small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 Testing with teacher facing student (hearing impaired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 *Other: Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternate Form I
Student Name:
Date of IEP:

Indicate below the accommodations and modifications for the student to be used in general education setting and any supports to be provided to school personnel.

Location												Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:	Modifications/Accommodations	Daily	Weekly	Monthly	Other:	Beg. Date	End Date
											1. Grading						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use weekly grade checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											2. Text						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide home set of textbooks/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapted or simplified text/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											3. Lectures						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher provides notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											4. Test/Exams						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exams of reduced length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open book exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read test to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify Test Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record student responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											5. Environment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alter physical room arrangement (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments for speech intelligibility/fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study carrel for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											6. Assignments						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read or tape record directions to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow copying from paper/book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower difficulty level-shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directions given in a variety of ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce paper/pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give oral cues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow student to record or type assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapt worksheets and packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Student Name:

Date of IEP:

Location													Modifications/ Accommodations	Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:		Daily		Weekly	Monthly	Other:	Beg. Date	End Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provide study aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Maintain assignment notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provide structured time for organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assistance in recording assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													7. Reinforcement						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Use positive/concrete reinforcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Repeated review and drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Check often for understanding/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Frequent eye contact/proximity control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													8. Pacing						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Extended time for oral responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Extended time for written responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Allow frequent breaks/vary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													9. Other (Specify)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
													Supports for School Personnel						
													Specialized Material (Specify)						
													Training (Specify)						
													Consultant Services (Specify)						
													Other:						
													Other:						
													Other:						

(Optional form)

Data Collection Page

(For district use only—not a part of the IEP document)

Student Ethnicity and Gender Codes (check one in each category)

- ☐ American Indian or Alaska Native
☐ Asian or Pacific Islander
☐ Black or African American (Not Hispanic)
☐ Hispanic or Latino
☐ White (Not Hispanic)

Gender

- ☐ Male
☐ Female

Disability Category (check one)

- ☐ Autism
☐ Deaf/Blindness
☐ Emotional Disturbance
☐ Hearing Impairment and Deafness
☐ Mental Retardation
☐ Multiple Disabilities
☐ Orthopedic Impairment
☐ Other Health Impairments
☐ Specific Learning Disabilities
☐ Speech or Language Impairment
☐ Traumatic Brain Injury
☐ Visual Impairment/Blind
☐ Young Child with a Developmental Delay

Placement Code (check one)**Students ages 5K-21:**

- ☐ Outside regular class less than 21% of time
☐ Outside regular class 21-60% of time
☐ Outside regular class more than 60% of time
☐ Public separate school (day) facility
☐ Private separate school (day) facility
☐ Homebound/hospital
☐ Public residential facility
☐ Private residential facility

Students ages 3-5:

- ☐ Early childhood setting
☐ Early childhood special education setting
☐ Home
☐ Part-time early childhood/part-time early childhood special education
☐ Residential facility
☐ Separate school
☐ Itinerant service outside the home

Also check if in:

- ☐ State Board Operated Program: ☐ MSB ☐ MSD ☐ SSSH
☐ Private Agency: ☐ Publicly placed ☐ District (IEP) placed
☐ Correctional facility: ☐ State adult (DOC) ☐ Adult local ☐ Juvenile ☐ DYS